

CLAIMS ONLY							Application Number <u>101-8250</u>		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51					
2		/		/			52					
3		/		/			53					
4		/		/			54					
5		/	/				55					
6		/		/			56					
7		/		/			57					
8		/		/			58					
9		/		/			59					
10		/		/			60					
11		/		/			61					
12		/		/			62					
13		/		/			63					
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15		/		/			65					
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17		/		/			67					
18		/		/			68					
19		/		/			69					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1		2				Total Indep					
Total Depend	23		23				Total Depend					
Total Claims	24		24				Total Claims					